2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L04000050662

Entity Name: CAY CLUBS SERVICES LLC

Current Principal Place of Business:

18167 US HIGHWAY 19 NORTH
SUITE 500
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

18167 US HIGHWAY 19 NORTH
SUITE 500
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALLAHAN, W. SCOTT ESQ
37 NORTH ORANGE AVENUE STE. 200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

BOWER, HOLLY A ESQ
12800 UNIVERSITY DRIVE
SUITE 260
FORT MYERS, FL 33907 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HOLLY A BOWER ESQ 04/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCHWARZ, DAVID
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500
City-St-Zip: CLEARWATER, FL 33764

Title: MGR ( ) Delete
Name: CLARK, F. DAVE
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SCHWARZ, DAVID W
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500
City-St-Zip: CLEARWATER, FL 33764

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID W SCHWARZ MGR 04/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date